



PATENT
450100-02102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoichiro Sako et al.
Serial No. : 09/406,486
For : INFORMATION DISTRIBUTING METHOD AND
SYSTEM
Filed : September 27, 1999
Examiner : Backer, Firmin
Art Unit : 3621

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745 Fifth Avenue
New York, NY 10151

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addressed to: Assistant Commissioner for Patents, Washington,
DC 20231, on November 11, 2002

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignor or Registered Representative

Signature

November 11, 2002

Date of Signature

AMENDMENT AFTER FINAL REJECTION UNDER
35 U.S.C. § 1.116

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Dear Sir:

In response to the outstanding final Office Action dated August 23, 2002, please
amend this application as follows.



PATENT
450100-02102

AF/3624

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yoichiro SAKO et al.
Serial No.: 09/406,486
Filed: September 27, 1999
For: INFORMATION DISTRIBUTING METHOD AND SYSTEM
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NOV 20 2002

745 Fifth Avenue
New York, New York 10151
Tel. (212) 588-0800

GROUP 3600

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional fee |
|--|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | * 22 | Minus | ** 22 = | * 0 x | \$18 (9) | = \$ 0 |
| Independent claims | * 7 | Minus | *** 7 = | * 0 x | \$84(42) | = \$ 0 |
| Total additional fee for this amendment | | | | | | \$ 0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$__ is attached, which covers the cost of __ additional claims __ petition for extension of time.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Washington, D.C. 20231, on November 11, 2002

Gordon Kessler, Reg. No. 38,511
Name of Applicant, Assignee or Registered
Representative

Signature
November 11, 2002
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:
Gordon Kessler
Reg. No. 38,511
Tel. (212) 588-0800